| ATE: 5-9-01 | FROM: TRINH | (print name) |
|--|--|---|
| | REASON(S): | 1 |
| ORWARD TO: | A. You had Parent | (check box) |
| . Art Unit: 26 43 | B. See Title | (check box) |
| . Class: 379 | C. See Abstract | (check box) |
| Subclass: | D. See Claim(s): | |
| URTHER EXPLANATION IF NE | DICECOFALL (A | ASS OF SWITCH |
| DATE: 5-22-01 | FROM: S. WOO | (print name) |
| | REASON(S): | 7 |
| ORWARD TO: | A. You had Parent | (check box) |
| L Art Unit: 2642 | B. See Title | (check bax) |
| 3, Class: <u>379</u> | C. See Abstract | (check box) |
| 4 - 10 1 - | 1 | • |
| Subclass: 2/9 + FURTHER EXPLANATION IF NO | _ D. See Claim(s): EEDED: system Signaling | protocol |
| , | EEDED: system signaling | |
| , | | pntocol (print name) |
| Switching | EEDED: System Signaling FROM: REASON(S): | (print name) |
| Switching | FROM: REASON(S): A. You had Parent | (print name) |
| Switching Date: | FROM: REASON(S): A. You had Parent B. See Title | (print name) |
| Switching Date: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract | (print name |
| Switching Date: | FROM: REASON(S): A. You had Parent B. See Title | (print name |
| Switching Date: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (print name) |
| DATE: FORWARD TO CLASSIFIER | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (print name) |
| Switching DATE: FORWARD TO CLASSIFIER | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (print name) |
| DATE: FORWARD TO CLASSIFIER | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(S): | (print name) |
| DATE: FURTHER EXPLANATION IF NO SWITCHING DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(S): | (print name) |
| DATE: FURTHER EXPLANATION IF NO SWITCHING DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NO DISPOSITION BY 2700 CI | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): LASSIFICATION | (check box) (check box) (check box) |
| DATE: FURTHER EXPLANATION IF NO SWITCHING DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NO DISPOSITION BY 2700 CI | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER: REASON(S): A. You had Parent | (check box) (check box) (check box) |
| DATE: DISPOSITION BY 2700 CI | FROM: FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER: REASON(S): A. You had Parent B. See Title | (check box) (check box) (check box) (check box) |
| DATE: DISPOSITION BY 2700 CI DATE: FORWARD TO: | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER: REASON(S): A. You had Parent | (check box) (check box) (check box) |